

The following list was adopted by the Company following its collaboration with the Medical Center, Claims Administrator and third party vendors. This list was compiled based on trends in health plan design, utilization and management protocols, and legal requirements under applicable law. It is important to note that this list is not inclusive of all conditions and may change at any time.

**BACKGROUND**

The Affordable Care Act (ACA) mandates that certain groups and individual health plans must provide coverage for Preventive services with no member cost share when filled at an in-network Pharmacy.

The following list was compiled using guidance from the IRS guidelines (Notice 2004-23\*\*) for certain type of health plans and the Affordable Care Act (ACA) which denote that certain medications are considered Preventive for the conditions they treat. It is important to note that this list is not inclusive of all conditions and may change at any time. This list combines both the ACA mandated categories, along with certain other conditions and treatment as identified by the IRS guidelines which are Preventive in nature. The list reflects very commonly prescribed medications to treat very common conditions generally treated within primary care.

Other rules, specific criteria, exclusions, and limitations may apply to all categories (i.e. Quantity Limit, Age, and Gender).

| Drug Class  | Condition   | Medication   |
|---|---|--|
| <b>Anticoagulants/Antiplatelets</b>                                   | Cardiovascular Health   | Aspirin 81mg   |
| <b>Anti-Estrogen</b>  | Breast Cancer Prevention  | Raloxifene Tamoxifen   |
| <b>Bowel Evacuant</b>   | Colonoscopy   | Bisacodyl, Bisacodyl EC, Gavilyte-G, Magnesium Citrate Liquid, PEG 3350/Electrolytes, PEG 3350/KCl HaHCO3/NaCl   |
| <b>Contraceptives</b><br><i>(Oral, Injectables and Miscellaneous)</i> | Female Health<br>Generics are 100% Covered<br>Single Source Brand w/o Generics are 100% Covered<br>Brands with Generics require a Prior Authorization<br>Brand Name medications (no longer made available once generic is released) | Oral Generics (i.e. Tri-Sprintec, Blisovi, Microgestin FE, Loryna), Injectables (Medroxyprogesterone 150mg), Cervical Cap (Femcap), Diaphragm (Ortho-Coil), Sponge (Today), Female Condom (FC-2), Spermicide (Gynol-III, VCF Film and Foam), NuvaRing, IUD (Nexplanon), Emergency (Ella) |
| <b>Fluoride Supplementation</b>                                       | Dental Health   | Sodium Fluoride (chewable tabs, solution, liquids)   |
| <b>Folic Acid Supplementation</b>                                     | Pregnancy Health  | Folic Acid (OTC and Rx)  |
| <b>HIV Pre-Exposure Prophylaxis (PrEP)</b>                            | HIV   | emtricitabine-tenofovir disoproxil (generic Truvada)   |
| <b>Prenatal Vitamins with Folic Acid</b>                              | Pregnancy Health  | Generics (Prenatal/Folic Acid tablets)   |
| <b>Statins</b><br><i>(Low and Moderate Intensity)</i>                 | Cholesterol Lowering Cardiovascular Health  | Atorvastatin 10 and 20 mg, Lovastatin, Pravastatin, Rosuvastatin 5mg and 10 mg, Simvastatin  |
| <b>Vitamin D Supplementation</b>                                      | General Wellness  | Vitamin D, Vitamin D3, Vitamin D-400   |

| Drug Class  | Condition               | Medication  |
|---|-------------------------|---|
| <p><b>Smoking Cessation</b></p>   | <p>General Wellness</p> | <p>Bupropion ER (smoking deterrent) 150 MG, Nicotine gum and lozenges, Nicotine transdermal patches</p> <p>If a generic is available, only the generic is covered at \$0 cost share.</p> <p>Requires a Prior Authorization: Nicotrol (Inhalation) 10mg, Nicotrol NS 10mg/ml, Chantix 0.5mg and 1mg tab, Chantix 0.5mg and 1mg (Pack)</p> <p>All FDA-Approved smoking cessation treatments are covered at \$0 cost share (30 DS) for up to two 90-day smoking cessation attempts per 365 days.</p> |
| <p><b>Vaccines</b><br/><i>(per CDC Immunization Schedule) Recommended doses, ages, and populations may vary</i></p> | <p>General Wellness</p> | <p>Children's Vaccines: DTP, H. Influenza (B)/Influenza, Hepatitis A and B, HPV, Inactivated Poliovirus, Meningococcal, MMR, Pneumococcal, Rotavirus, Varicella</p> <p>Adult Vaccines: Hepatitis A and B, Herpes, Zoster, HPV, Influenza, Meningococcal, MMR, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella</p>   |